

Duplicate

Work-Order ID 96344

96344

Page 1

February-22-13 8:09:10 AM

Item ID: D2182B050 Accept *N900040100* Setup Start *NS1*
Revision ID: Stop *NS2*
Item Name: Clamp Cushion Black
Start Date: 1/24/13 Start Qty: 50.00 *50* Cust Item ID:
Required Date: 2/07/13 Req'd Qty: 50.00 *50* Customer:

Reference:

Approvals: Process Plan: W Date: Tooling: Date: Run Start *NR1*
QC: Date: SPC (Y/N): Date: Stop *NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D2182	Rev C

100 0.00

100

Packaging

Packaging

Memo

0.00

Packaging

Cut as per dwg

42 ~~30~~ x SL 13/2/22

110

QC6- Inspect dimensions to drawing

0.00

110

QC

Memo

0.00

Quality Control

Smf3
B2-22

42

120

Identify as per dwg & Stock Location: _____

0.00

120

Packaging

Memo

0.00

Packaging

~~13/2/22~~
SL 13/2/22 MF
13-2-23

Work Order ID 96344***96344***

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February-22-13 8:09:10 AM

Item ID: D2182B050

Accept

N900040100Setup Start ***NS1***

Revision ID:

Stop ***NS2***

Item Name: Clamp Cushion Black

Start Date: 1/24/13

Start Qty: 50.00

50

Cust Item ID:

Required Date: 2/07/13

Req'd Qty: 50.00

50

Customer:

Reference:

Approvals:

Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start ***NR1***

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop ***NR2***Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

QC21- Final Inspection - Work Order Release

0.00

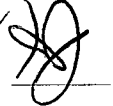
130

QC

Memo

0.00

Quality Control

13/2/25 ME
13-2-22

Picklist Print

February-22-13 8:09:38 AM

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Work Order ID: 96344

Parent Item: D2182B050

Parent Item Name: Clamp Cushion Black

Start Date: 1/24/13

Required Date: 2/07/13

Start Qty: 50.00

Required Qty: 50.00

Comments: IPP: B 99.03.02 Re-format DM IPP Rev:C 10.11.02 as per revC DD verf:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D2182B Rubber Cushion		Manufactured	No			100	f	215.8400	0.4166	20.83			

Location

ST412

93429

Loc Qty

215.84

215.84

Loc Code

~~20.83~~
20.8 8

Work Order Summary

February-21-13 10:50:24 AM

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Criteria : Work Order ID: 96344 Item ID: D2182B050 Product Family SMALL FAB
Work Order Start Dates 1/24/13 to 1/24/13 11:59:59 PM Work Order Required Dates 2/07/13 to 2/07/13
11:59:59 PM

All References

Work Order Status Released

Work Order ID	96344	Required Qty	50.0000	Status Code	Released
Item ID	D2182B050	Accepted Qty	0.0000	Scrap Qty	0.0000
Item Name	Clamp Cushion Black				
Current Acct Value	\$0.518				

Start Date	1/24/13	Required Date	2/07/13	Completed Date	
Standard		** Actual **	** Acct. Value **	** Variance **	** Variance % **
<u>Direct Costs</u>	<u>Total</u>	<u>Each</u>	<u>Each</u>	<u>Each</u>	<u>Each</u>
Material	\$23.918	\$0.000	\$0.479	\$0.479	100.00%
Labor	\$0.000	\$0.000	\$0.011	\$0.011	100.00%
Outplant	\$0.000	\$0.000	\$0.000	\$0.000	0.00%
Variable Burden	\$0.000	\$0.000	\$0.000	\$0.000	0.00%
Fixed Burden	\$0.000	\$0.000	\$0.029	\$0.029	100.00%
Material Burden	\$0.000	\$0.000	\$0.000	\$0.000	0.00%
** Total **	\$23.918	\$0.000	\$0.518	\$0.518	

<u>Item ID/Item Name</u>	<u>Required Qty</u>	<u>Issue Code</u>	<u>Issue Date</u>	<u>Issued Qty</u>	<u>Cost Amount</u>
D2182B					
Rubber Cushion	20.8300		2/01/13	20.8200	\$23.918
				Total Matl Amts:	\$23.918

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____ Part No. _____ NCR No. _____				DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div>					
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
Landing Gear			General						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong						
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							